

COMMUNITY DEVELOPMENT DIVISION FREDERICK COUNTY, MARYLAND

DEPARTMENT OF PERMITS AND INSPECTIONS

30 NORTH MARKET STREET • FREDERICK, MARYLAND 21701 PHONE (301) 600-2313 • FAX (301) 600-2309

RAFFLE PERMIT APPLICATION PROCEDURES

This is an application for a permit to conduct a raffle according to Frederick County Ordinance 1-2-101 through 112. The organization operating the raffle completes the application.

Before this application will be accepted in the Frederick County Department of Permits and Inspections, the applicants must:

- 1. Fill out the application completely. Any missing items will prevent this application from being processed in a timely manner.
- 2. Attach prior record affidavits for all persons **directly responsible** for operating a raffle.
- 3. Attach a copy of the organization's current approved 501(c), (1), (3), (4), (5), (7), (8), (10), (19) or 501(d) Internal Revenue Tax Exempt Form.
- 4. Attach a copy of evidence of charitable purpose (i.e. organization charter, by-laws).
- 5. Attach a copy of drivers' license for each individual **directly responsible** for the operation of a raffle.
- 6. Tender the proper issuance fee at the time the application is submitted. The issuance fee for a raffle is \$55.00 per annual permit.

False, omitted, or misleading, information provided on this form will constitute grounds for voiding an issued permit.

Please type or print the application information in ink.

The completed application should be submitted to the Frederick County Department of Permits and Inspections, 30 North Market Street, Frederick, MD 21701. Our office hours are 8 AM - 4 PM. Permit applications are accepted between the hours of 8 AM – 3:30 PM, Monday through Friday, except Holidays. Please allow 5-10 working days for processing. If you should have any questions concerning this application, please contact this office at 301-600-2313.

NOTE: This is an application for a permit only, NOT an approved permit!



For office use only:

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		Permi	t #
RAF	FLE PERMIT	APPLICATION	
Name of Organization			
Address		P.O. Box	
Town	State	eZip Code	
Organization Phone No	*******		*****
CONTACT PERSON: A copy of Driv	ver's License must be	attached to application	
Name			
Home Address			
Town	State	Zip Code	
Home Phone Are you a member of this Organization			
Involved persons who do not have a driver's driver's license, must supply the following informisdemeanor or Felony Convictions.			
(first) EthnicM		(middle)	(last)
Date of Birth(month)	(day)	(year)	
VALUE OF PRIZES AND DATES: Section 1-2-106 (3) (a) & (b) al \$5000.00 or more, five (5) with value or and the total value of the prizes, is due to must sign that you are aware of this required. Permit Fee of \$55.00 is required. Make	f \$5000.00 or less. A soy February 15th of to uirement and will com	report, indicating all raffles he year following the expirate ply with the Ordinance requisions. Signed	eld during a calendar year ion date of this permit. You

A copy of the organization's IRS tax Exempt Determination Letter **must** be attached to this application.

Received_____ Fee paid ____ Check # ____ Receipt #____

RAFFLE PERMIT APPLICATION

Prior Recorded Affidavit

I understand that I must give the Permits Office a yearly report on the raffles held under this permit. I understand that this report must be submitted on or before **February 15th** of the year following the expiration of this permit. I understand that my organization is allowed only **six (6)** raffles in a calendar year. I understand that only **one (1)** raffle can have a value of the prize of \$5000.00 and over.

I understand that no individual may personally benefit from a raffle except for prizes awarded to participants; only one (1) major prize may be awarded at each raffle.

I do solemnly affirm under the penalties of perjury, that I have never been convicted of a felony, nor have I been convicted within the past five (5) years of a misdemeanor related in anyway to gaming or gambling. I understand this information will be verified by a representative of the Frederick County Sheriff's Office.

I also understand that I will be taking responsibility for complying with the provisions of the Gaming Ordinance. This may include, but is not limited to, annual raffle reports.

I solemnly affirm under the penalties of perjury that the contents of this application are true and correct.

	Signature	_
Notary Seal	Print Name	_
	Date	_
STATE OF MARYLAND, COUNTY OF FR	REDERICK, TO WIT:	
before me, the Subscriber, a Notary Public in appeared	day of and for the State and County aforesaid, personally known to me (or satisfactorily proven) to within instrument, and acknowledged the foregoing a .	be the person(s)
Witness my hand and Seal		
	Notary Public	
	Printed Name	
	My Commission Expires	